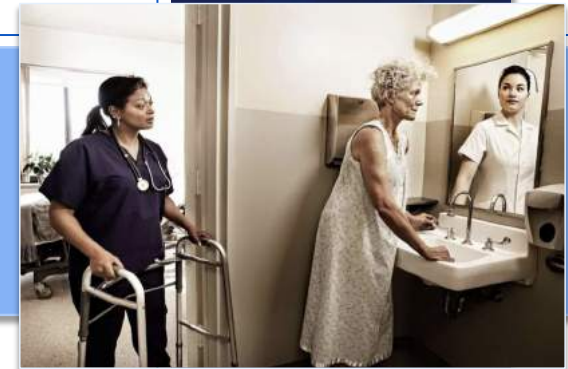


Trauma Informed Care and Older Adults: Unique Needs and Strengths

November 21, 2019
Wisconsin Dells, WI



Presenters

Beverly Briggs



Deborah Ward



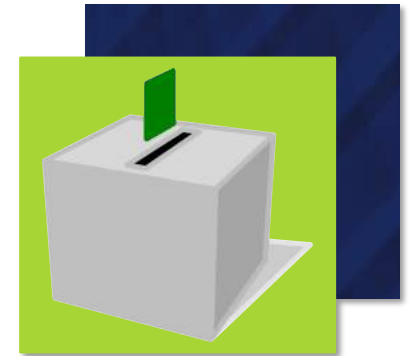


1. Briefly describe new regulations for nursing homes related to trauma informed care.
2. Examine the impact of trauma and disease and non-disease states common in older adults (e.g., dementia)
3. List the unique needs and strengths of older adults and strategies for effective trauma informed care for older adults

Objectives

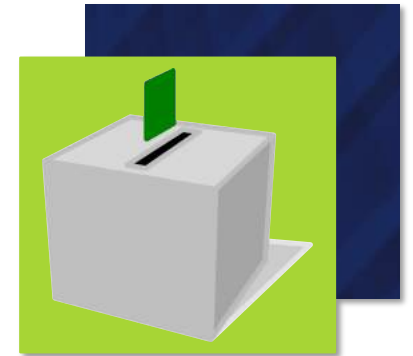
True or False

1. Phase 3 Guidance provides a specific tool that must be used to implement TIC.
2. About 60% of Americans report experiencing some type of trauma across the lifespan.



True or False

3. TIC is only about residents, not staff.
4. Older Adults show higher levels of resilience than younger people.



F-699: Trauma Informed Care



- Quality of Care/ SQC
- Goals:
 - Provide culturally competent, trauma-informed care.
 - Meet professional standards.
 - Account for residents' experiences and preferences.
 - Eliminate or mitigate triggers
 - Avoid re-traumatization

Avoiding Re-traumatization



Federal Partners/Resources

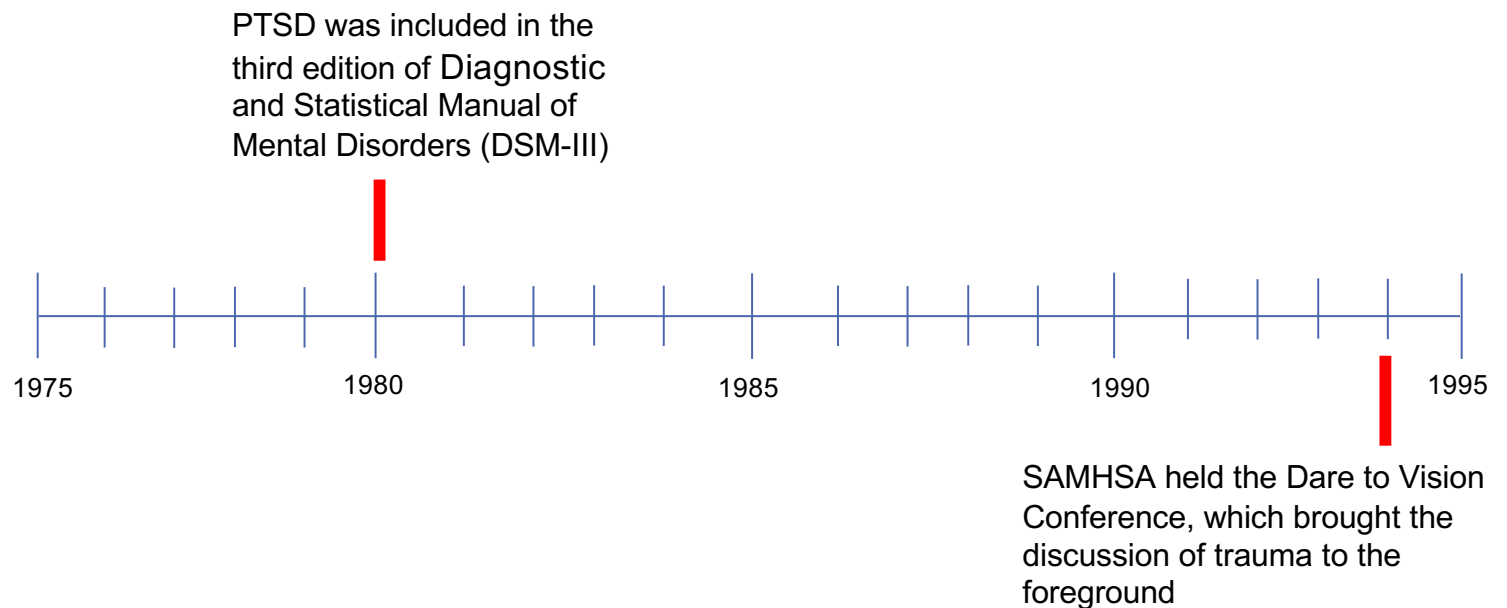


VA

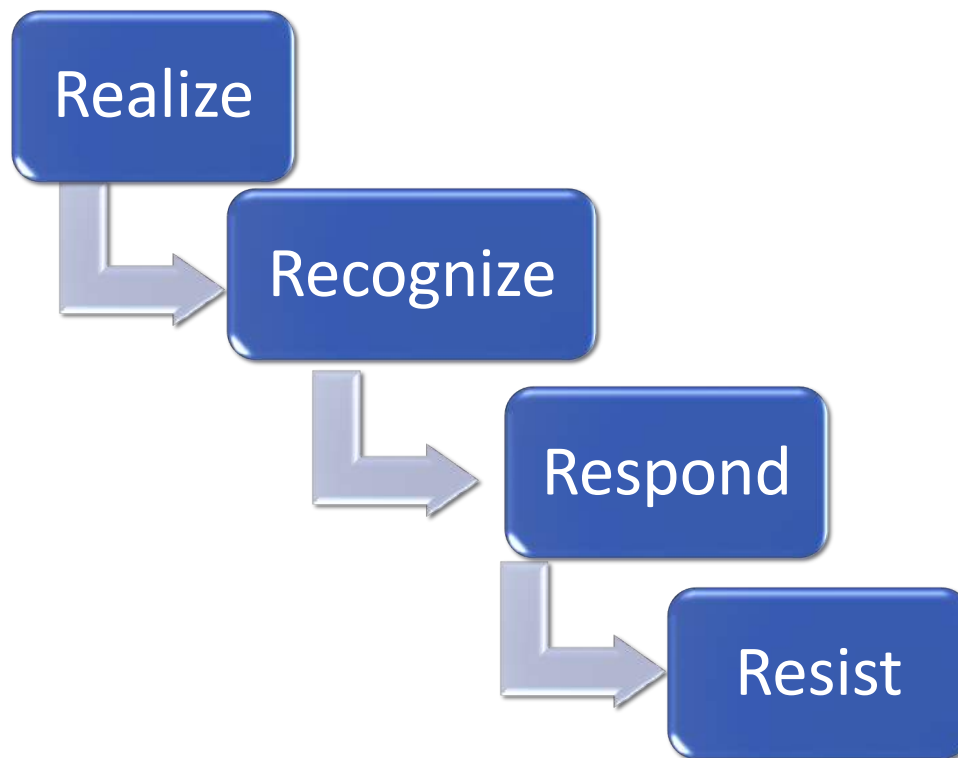


U.S. Department
of Veterans Affairs

Timeline: Professional Identification & Response

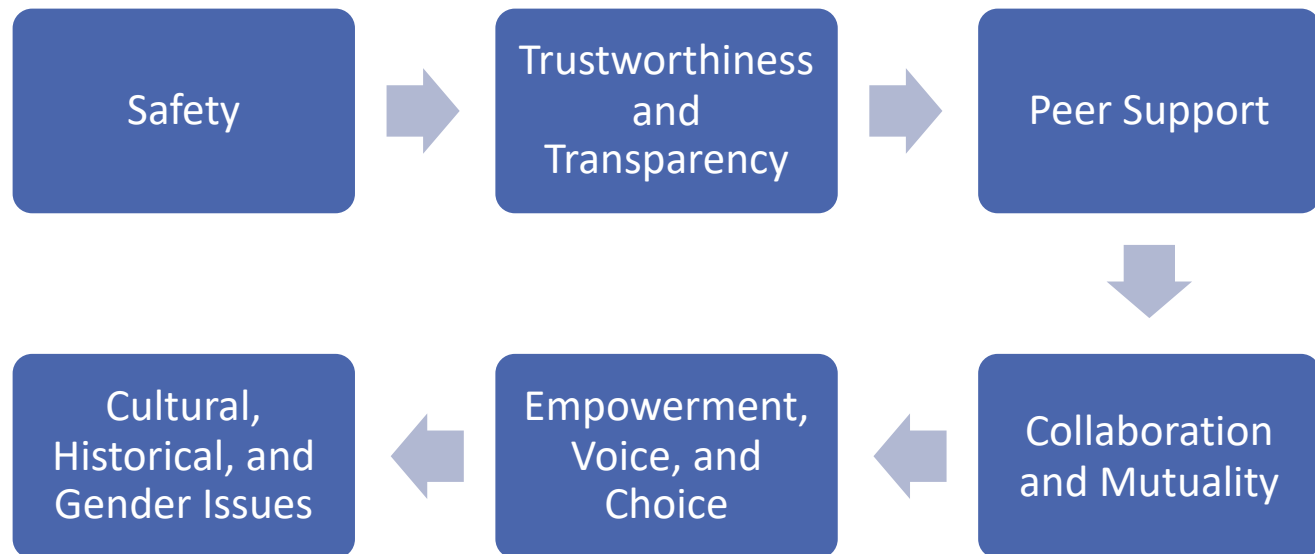


SAMHSA 4 R's





SAMHSA Six Key Principles



Trauma Informed Care

- Definition
- Staff Knowledge & Capacity
- Policies and procedures to guide response

Trauma Informed Care

“Trauma-Informed Care (TIC) is a perspective that acknowledges the pervasive influence and impact of trauma on an individual, their provider, and the organization delivering services”

- Dinnen, Kane, and Cook (2014)

TIC is not just for your residents!

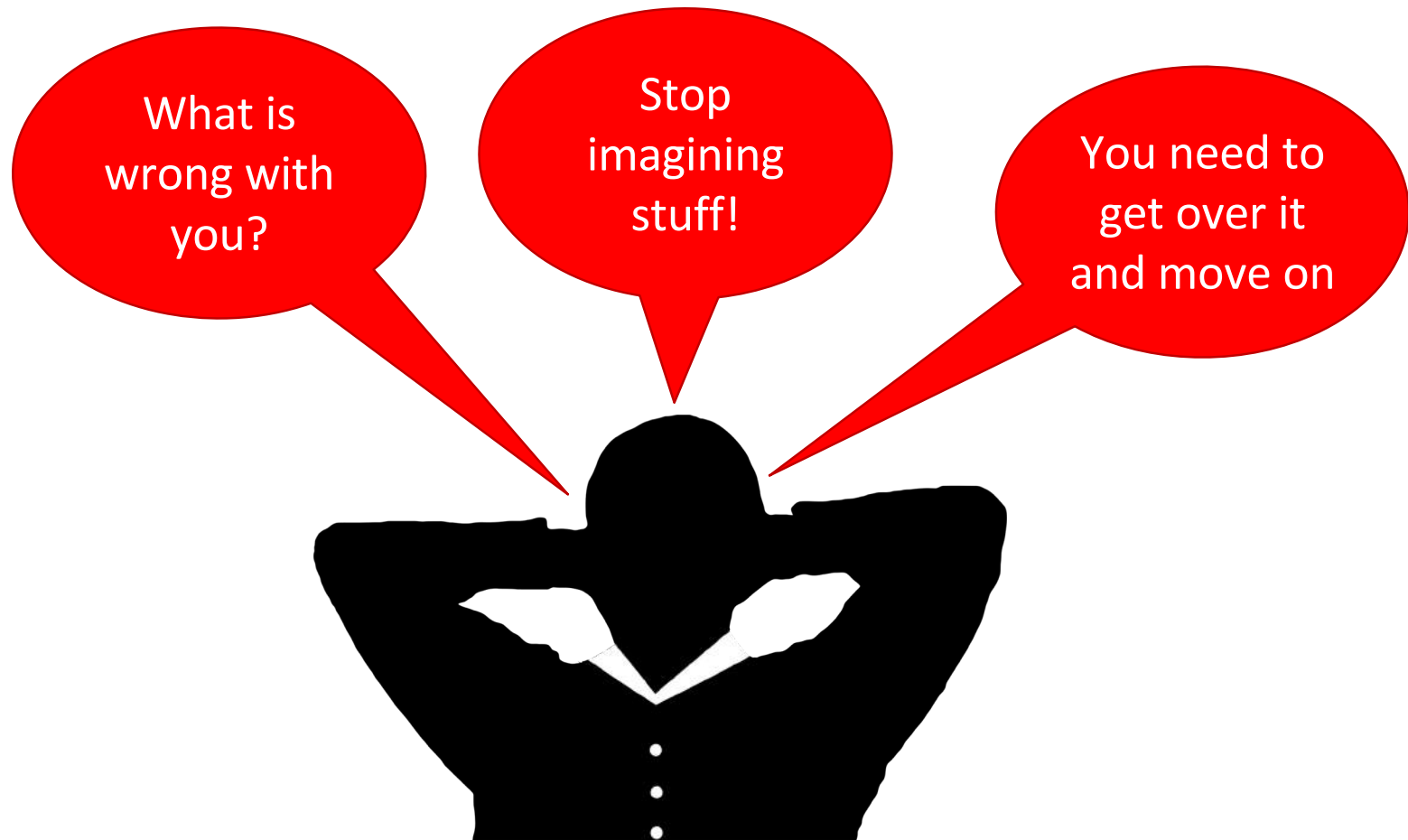


TIC: What Does Competency Look Like?

- Act with Respect
- Say what you mean, mean what you say
- Intentional and present
- Listen, acknowledge & validate
- Say thank you
- Don't assume or compare
- Ask before giving advice or touching
- Share the information appropriately







Policies and Procedures

- Training
- Screening
- Reporting and sharing information
- Impact of legal requirements

Identifying Trauma

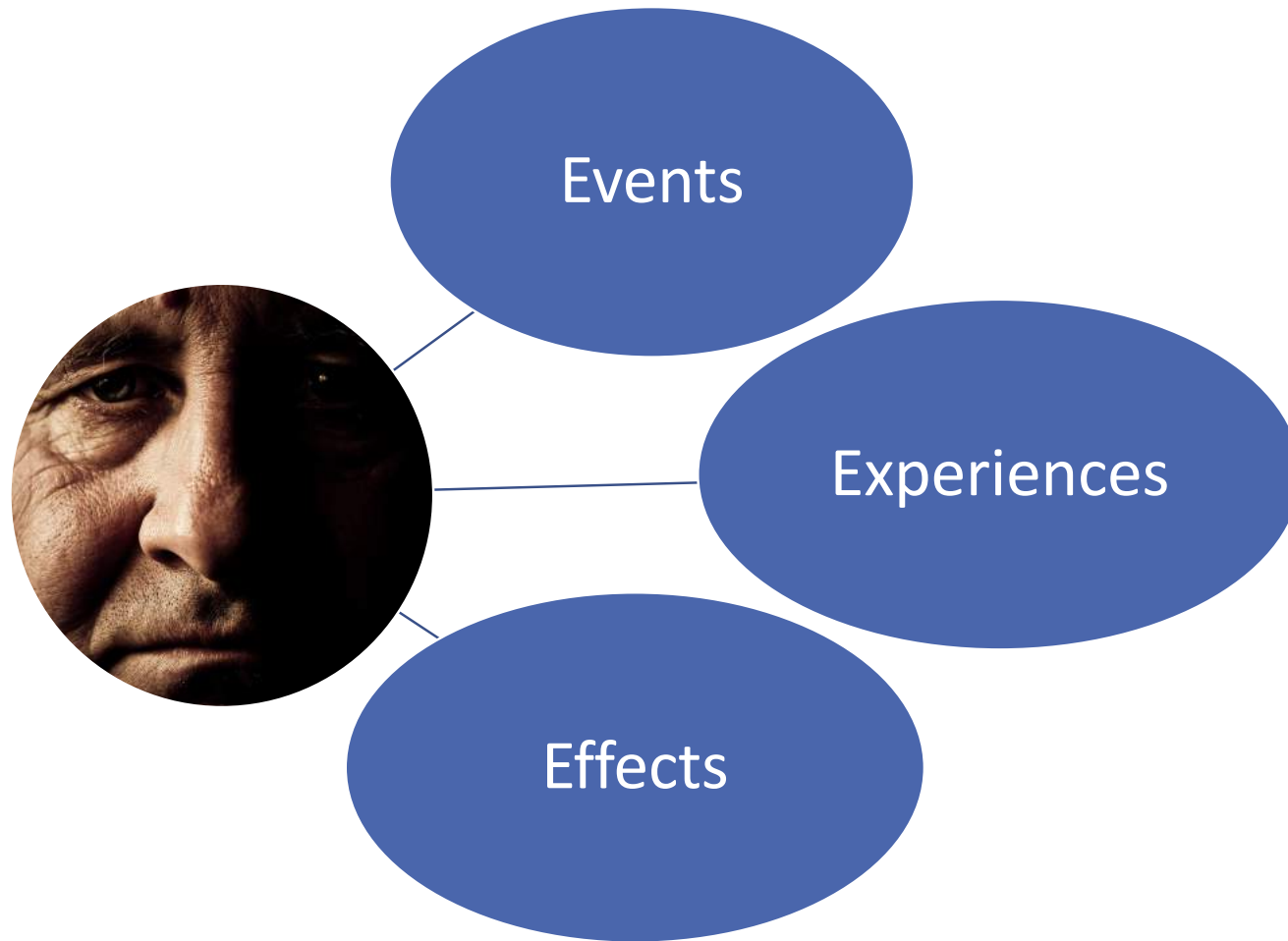
- Prevalence
- Definition
- Signs and symptoms
- Screening Tools



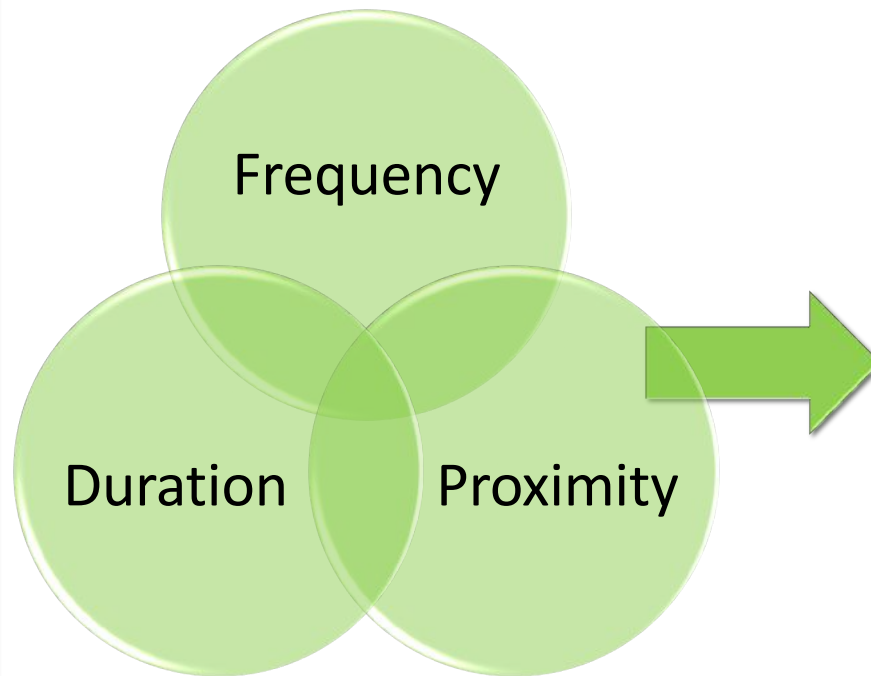


Trauma

“Event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening and has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”



Dimensions

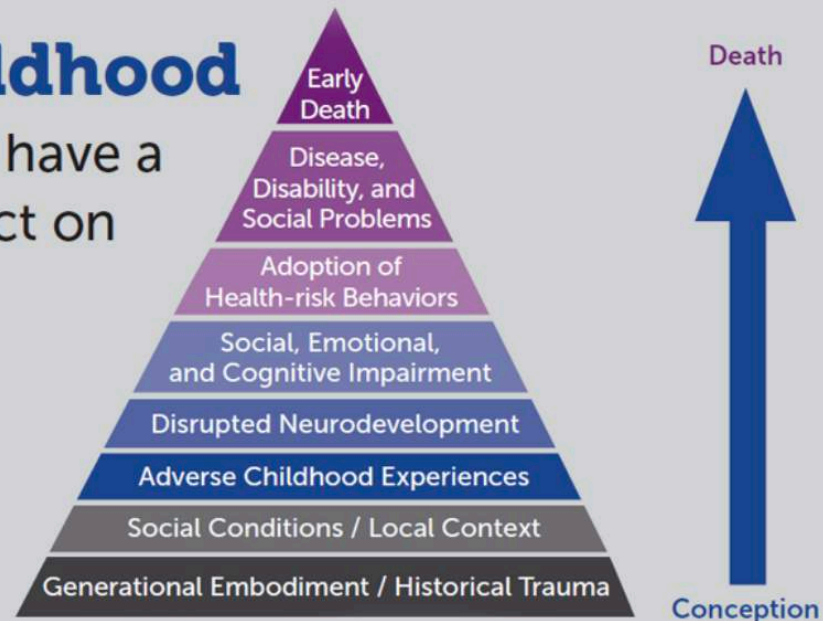


- Experienced
- Witnessing the event
- Learning about it
- Exposed to aversive Details

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences

have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.



Trauma Events Associated with PTSD

1. Natural Disaster
2. Fire or Explosion
3. Transportation Accident
4. Serious accident at work, home, or during recreational activity
5. Exposure to toxic substance
6. Physical Assault
7. Assault with a weapon
8. Sexual Assault
9. Other unwanted or uncomfortable sexual experience
10. Combat or exposure to a war-zone
11. Captivity
12. Life-threatening illness or injury
13. Severe Human Suffering
14. Sudden violent death
15. Sudden accidental death
16. Serious injury, harm, or death caused to someone else

Older Adults and Trauma Events

1. Review the list of Trauma Events associated with PTSD.
2. Discuss how these events might relate to residents in Nursing Homes for both past and current event potential.



Signs and Symptoms of Trauma



- Thinking or talking about the event.
- Nightmares related to the event.
- Remains upset or fearful.
- Important relationships suffer.
- Unable to enjoy life or activities.

Sexual Abuse: Potential Indicators

- Sudden or unexplained changes
- Fear or avoidance of a person or a place
- Anxiety about being left alone or of the dark
- Nightmares and Disturbed sleep

Sexual Assault and Executive Functioning



- 33% of females and 15% of males
- Event most commonly associated with PTSD in civilian females
- Older adult survivors may be particularly vulnerable to greater declines in executive functioning.

Post Traumatic Stress Disorder

- Added to DSM in version 3 (1980)
- Stressor: history of a traumatic event resulting in Anxiety, helplessness, or horror
- Symptoms:
 - Intrusion / Reexperiencing
 - Avoidance
 - Alterations in Arousal or reactivity
 - Negative alteration of cognition or mood



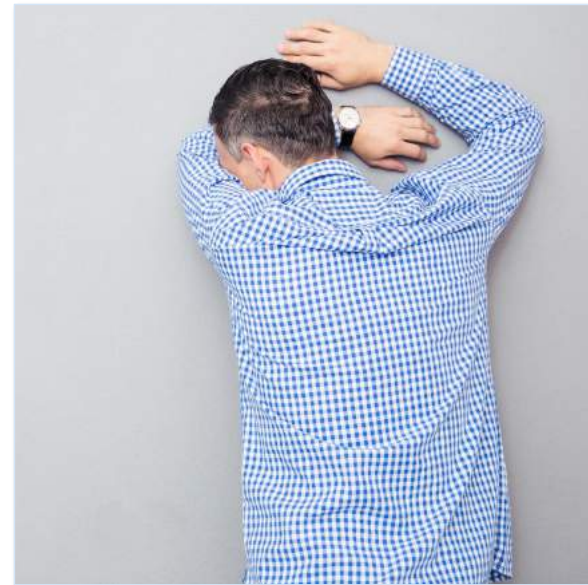
Intrusion / Reexperiencing Symptoms

- Unwanted upsetting memories
- Flashbacks
- Bad dreams
- Frightening thoughts
- Emotional distress or physical reactivity after exposure to reminders



Avoidance

- Staying away from situations that trigger trauma experiences or memories
- Avoiding thoughts or feelings



Arousal and Reactivity

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating or sleeping



Cognition and Mood

- Inability to recall key events of the trauma
- Overly negative thoughts
- Exaggerated blame
- Negative affect or difficulty experiencing positive affect
- Feeling isolated
- Loss of interest in activities



Often Underdiagnosed in Older Adults

1. Failure to assess multiple sources of trauma
2. Past work has focused on veterans
3. Late-onset cases are often not counted
4. Symptoms are attributed to physical conditions
5. Diagnostic Criteria are validated on younger populations

Screening



- Tools
 - Life Events Checklist (LEC-5)
 - 5 Item Screen for PTSD
- Readiness: staff and operations
- Expect unreported trauma

Trauma & Disease in Older Adults

PTSD, Dementia, and Traumatic Brain Injury

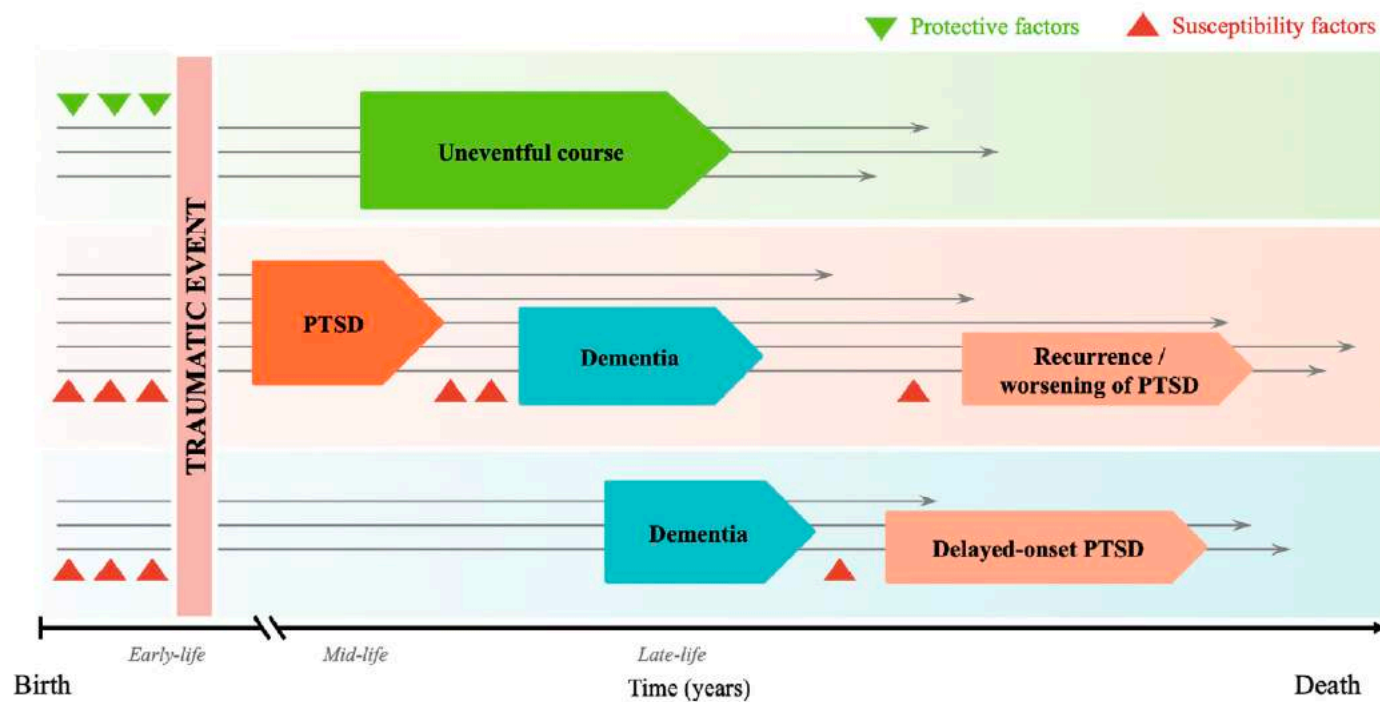


Trauma and Dementia



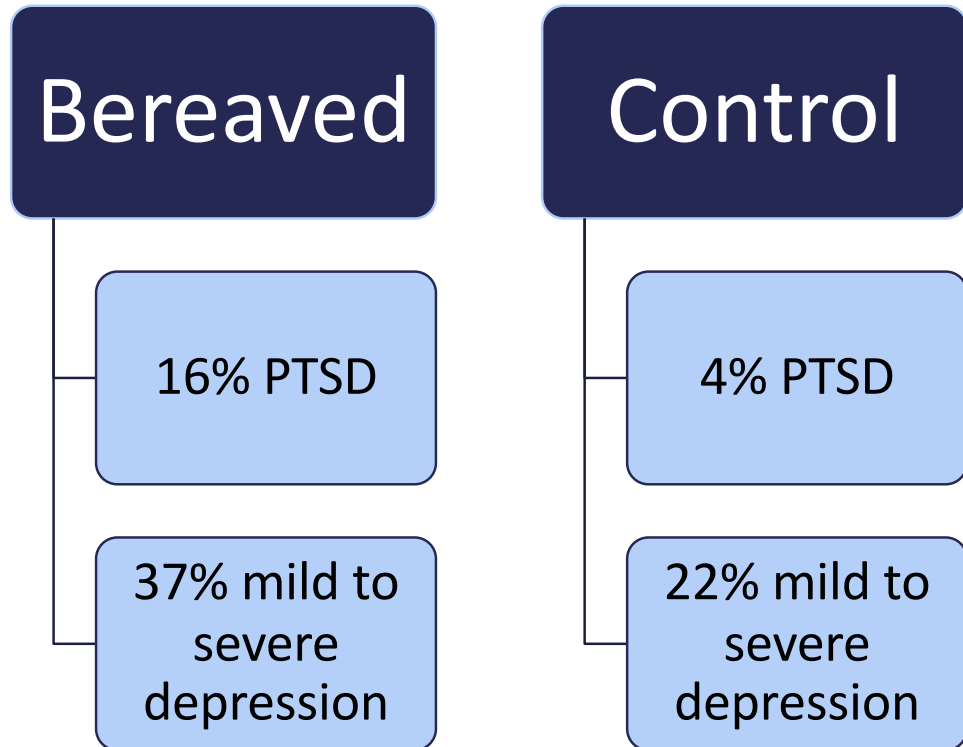
- Relationship
- Direction of effect

PTSD and Dementia



PTSD and Grief

- 296 Danish Older Adults (average age 73)
- Two months after the death of a spouse



Delayed Onset PTSD



- BPSD Symptoms
- PTSD is underdiagnosed in Older Adults
- Case Studies
- Trauma awareness allows for appropriate diagnosis and treatment

Dementia

mTBI₁

Mild Traumatic
Brain Injury

SUD₂

PTSD

NCD

1 – Bryant et al, 2010

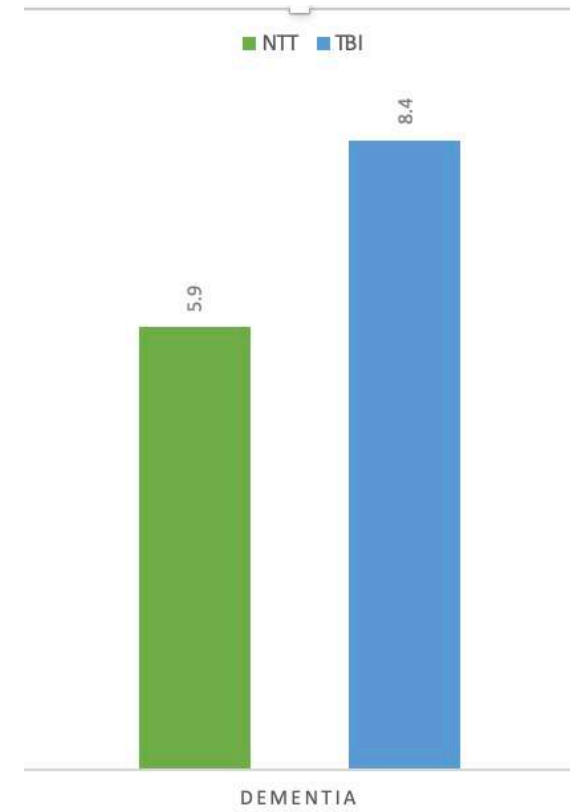
2 – Lemke & Schaefer, 2010

1.77 – 2.31x more likely

Worse symptoms

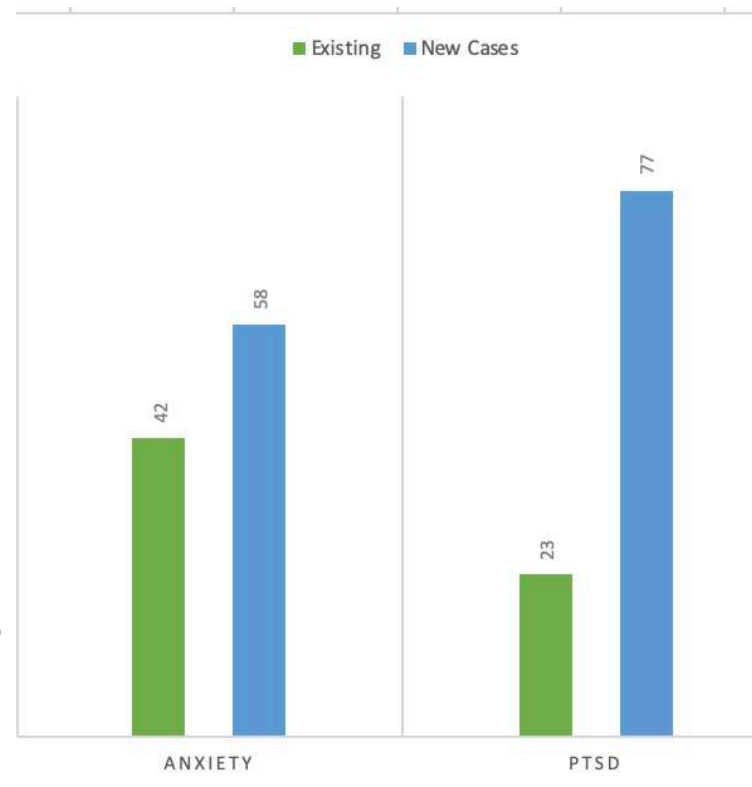
- Retrospective study
- California
- N= 164,661
- TBI vs. Non-TBI Trauma (NTT)

TBI and Dementia



Anxiety and PTSD after TBI: Medicare Beneficiaries

- Highest rate of hospitalization and mortality after TBI
- Neuropsychiatric disturbances are common
 - Depression
 - Anxiety
 - Agitation
 - PTSD
- Increased symptomology is associated with decreased cognitive and functional recovery



Unique Strengths of Older Adults

- Resilience
- Predictive Factors
- Strategies

Resilience

An individual's ability and protentional to develop significant psychological and emotional skills, as well as the ability to use familial, social, and external support to better deal with stressful life events or experiences.



Resilience & Older Adults



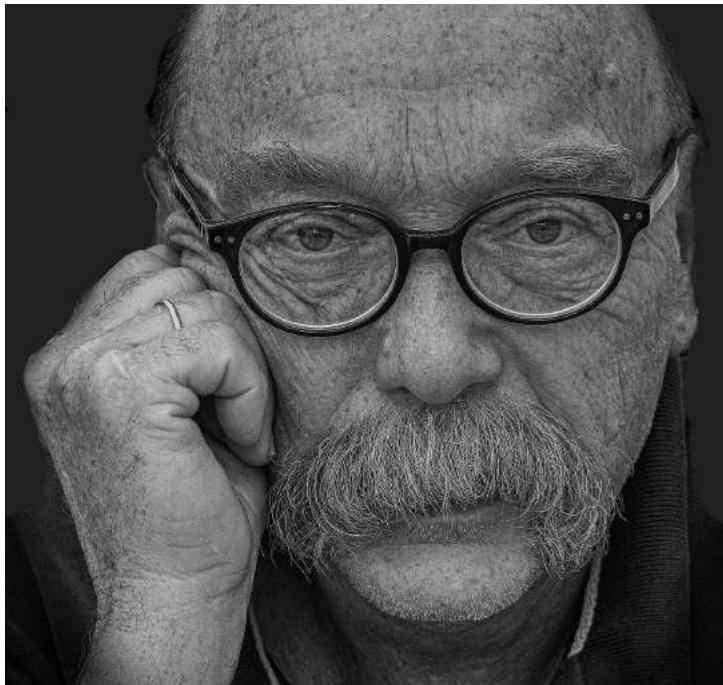
- Limited Research
- Can be fostered across the lifespan
- Associated w/ improved health outcomes
- Requires adversity!

Factors associated with Resilience

- Perceived social support and connectedness
- Strong coping skills
- Lower levels of stigma re: treatment seeking
- Volunteering (Veterans)
- A life-time of confronting adversities
- Physical activity
- Gender
- Personality Traits



Personality Traits



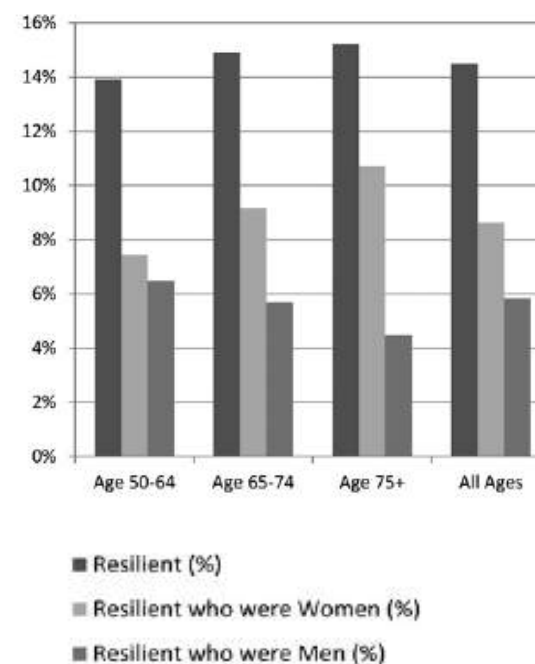
- Mastery
- Internal locus of control
- Self-efficacy
- Determination
- Optimism
- Sense of meaning & purpose

Bi-Directional Effect?



Unique Strengths of Older Adults

- Perceived high levels of well being
- Increased resilience with age for women
- Ability to savor positive experiences
- Desire to engage and help others
- Establish and maintain social connections



Building Resiliency

- Limited research on outcomes for Older Adults
- Process vs. Trait
- Reducing risk factors
- Increasing coping skills and strategies
- Screening for risk factors
- Cognitive Behavioral Therapy, Mindfulness, focused activities that enhance happiness

Strategies

- Match cognitive capacity to therapeutic technique
- Reminiscence therapy: limited or even detrimental
- Environmental modifications may help minimize misinterpretation of neutral cues
- Address physical symptoms (e.g. pain) to reduce distress and minimize the association with triggers
- Embrace Plasticity

TIC: What are Your Strengths

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historic, and Gender Issues



Thank You!

